

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/265585

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4	1						54						
5	1						55						
6		1					56						
7		6					57						
8		6					58						
9		6					59						
10		6					60						
11	1						61						
12		1					62						
13	1						63						
14	1						64						
15		4					65						
16	1						66						
17	1						67						
18	1						68						
19		6					69						
20		6					70						
21		6					71						
22	1						72						
23	1						73						
24		1					74						
25	1						75						
26		1					76						
27	1						77						
28		1					78						
29			1				79						
30			1				80						
31				2			81						
32				2			82						
33				2			83						
34				2			84						
35				2			85						
36				2			86						
37			1				87						
38			1				88						
39				1			89						
40				2			90						
41				2			91						
42				2			92						
43				2			93						
44				①			94						
45				2			95						
46			1				96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14		5				TOTAL IND.						
TOTAL DEP.	52		24				TOTAL DEP.						
TOTAL CLAIMS	66		29				TOTAL CLAIMS						